State of Rhode Island
Office of the Secretary of State

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

No Fee

Domestic Limited Liability Company Annual Report - Amended

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-1.2-1501(e), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of $25.00.

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2024

1. ID No. 001735151

2. Exact Name of the Limited Liability Company My Place for Medical, LLC

3. State of Formation

State: RI

NAICS CODE

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.

621399

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

ACUTE OUTPATIENT HEALTHCARE (WALK-IN SERVICES)

5. Principal Office Address

No. and Street: 176 TOLL GATE RD
SUITE # 202
City or Town: WARWICK State: RI Zip: 02886 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: MAUREEN PLACE Contact Title: OWNER/ MANAGER ; MY PLACE FOR MEDICAL
No. and Street: 3 LINDEN RD
City or Town: NARRAGANSETT State: RI Zip: 02882 Country: USA

7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

MAUREEN PLACE 3 LINDEN ROAD NARRAGANSETT , RI 02882

Signed this 12 Day of July, 2024 at 4:17:15 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By MAUREEN A PLACE
Signature of Authorized Person

Form No. 632
Revised 09/07

State of Rhode Island
Department of State | Office of the Secretary of State
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

July 12, 2024 04:16 PM

Gregg M. Amore
Secretary of State